

2025 Catch Us If You Can Before & After Camp Care



Super Kids
Let Everyone **Play!**

Nancy Brophy: Tom Thumb Founder, 1968
Shawn Brophy: Owner & Campus Manager
Tom Brophy: Camp Director
Camp Hours: 9:00 am - 3:00 pm
(914) 528-5600

June 30 through July 25 Camp Weeks 1, 2, 3 & 4

Camp Hours are from 9:00 am to 3:00 pm



1st Child's Name: _____ 2nd Child's Name: _____
Parent's Name: _____
Phone #: _____ Code#: _____

Before Camp Care

WK	Before Camp Drop-off	Monday	Tuesday	Wednesday	Thursday	Friday	Days	Cost	Tuition Amount	
1	Between 8 -9 am	June 30	July 1	July 2	July 3	July 4 - no camp		X \$9	1 st Child	2 nd Child
2	Between 8 -9 am	July 7	July 8	July 9	July 10	July 11		X \$9		
3	Between 8 -9 am	July 14	July 15	July 16	July 17	July 18		X \$9		
4	Between 8 -9 am	July 21	July 22	July 23	July 24	July 25		X \$9		
Before Camp Care Subtotal for each child....										



Total Before Camp Care Weeks 1 through 4 \$ _____

After Camp Care

WK	After Camp Pick-up by	Monday	Tuesday	Wednesday	Thursday	Friday	Days	Cost	Tuition Amount	
1	Before 4:00 pm	June 30	July 1	July 2	July 3	July 4 - no camp		X \$8	1 st Child	2 nd Child
	Before 4:30 pm							X \$12		
	Before 5:00 pm							X \$15		
2	Before 4:00 pm	July 7	July 8	July 9	July 10	July 11		X \$8		
	Before 4:30 pm							X \$12		
	Before 5:00 pm							X \$15		
3	Before 4:00 pm	July 14	July 15	July 16	July 17	July 18		X \$8		
	Before 4:30 pm							X \$12		
	Before 5:00 pm							X \$15		
4	Before 4:00 pm	July 21	July 22	July 23	July 24	July 25		X \$8		
	Before 4:30 pm							X \$12		
	Before 5:00 pm							X \$15		
After Camp Care Subtotal for each child....										

Total After Camp Care Weeks 1 through 4 \$ _____

PLEASE RETURN THIS FORM WITH PAYMENT by June 1st.
ALL WEEKS of camp before/after care are due then!

Weeks 1 through 4 Total Before & After Camp Care \$ _____

Office Use Only: Payment Received Date _____ Cash _____ Check # _____ Credit card used ___ Yes Amount \$ _____

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July 28 through Aug. 15 - Camp Weeks 5, 6, & 7

**Camp Hours are
from 9:00 am to 3:00 pm**



1st Child's Name: _____ 2nd Child's Name: _____

Parent's Name: _____

Phone #: _____ Code#: _____

Before Camp Care

WK	Before Camp Drop-off	Monday	Tuesday	Wednesday	Thursday	Friday	Days	Cost	Tuition Amount	
5	Between 8 -9 am	July 28	July 29	July 30	July 31	Aug. 1		X \$9	1 st Child	2 nd Child
6	Between 8 -9 am	Aug. 4	Aug. 5	Aug. 6	Aug. 7	Aug. 8		X \$9		
7	Between 8 -9 am	Aug. 11	Aug. 12	Aug. 13	Aug. 14	Aug. 15		X \$9		
Before Camp Care Subtotal for each child....										

Total Before Camp Care Weeks 5 through 7 \$ _____



After Camp Care

WK	After Camp Pick-up by	Monday	Tuesday	Wednesday	Thursday	Friday	Days	Cost	Tuition Amount	
5	Before 4:00 pm	July 28	July 29	July 30	July 31	Aug. 1		X \$8	1 st Child	2 nd Child
	Before 4:30 pm							X \$12		
	Before 5:00 pm							X \$15		
6	Before 4:00 pm	Aug. 4	Aug. 5	Aug. 6	Aug. 7	Aug. 8		X \$8		
	Before 4:30 pm							X \$12		
	Before 5:00 pm							X \$15		
7	Before 4:00 pm	Aug. 11	Aug. 12	Aug. 13	Aug. 14	Aug. 15		X \$8		
	Before 4:30 pm							X \$12		
	Before 5:00 pm							X \$15		
After Camp Care Subtotal for each child....										

Total After Camp Care Weeks 5 through 7 \$ _____

**PLEASE RETURN THIS FORM WITH PAYMENT by
July 18th.
ALL WEEKS of camp before/after care are due then!**

Weeks 5 through 7 Total Before & After Camp Care \$ _____

Office Use Only: Payment Received Date _____ Cash _____ Check # _____ Credit card used ___ Yes Amount \$ _____